



Name _____
Gender _____
Age and Date of Birth _____
Address and Phone _____

- **Cardiovascular Risk**

- Please check all that apply and age of onset for you, mother, father, grandparent:
 - High Blood Pressure
 - High Cholesterol
 - Diabetes
 - Heart Disease
 - Bypass Surgery
 - Stroke
- Do you smoke cigarettes? How many per day?
- Have you ever quit smoking? How long ago?
- Height / Current Weight / Weight at age 21

- **Personal History**

- Date of last physical exam, stress test, and Resting EKG
- Date of last cholesterol test, total serum cholesterol, and HDL
- Date of last blood pressure test and blood pressure
- Has your doctor ever restricted your physical activity? Please explain.
- Allergies? Please list.
- Do you ever experience chest pains or tightness?
- Do you ever experience unusual shortness of breath during mild physical activity?
- Are you presently taking any medication? Please list type and purpose.
- Do you ever experience dizziness during vigorous physical activity?
- Have you ever passed out during vigorous physical activity?
- Do you have any (other) medical conditions which limit your ability to exercise? Please explain.
- If female, are you currently pregnant?

- **Injuries**

- Please check any of the following injuries you have had and specify which bone, muscle, joint, etc., and the year the injury occurred:
 - Broken bones
 - Muscles strain/sprain
 - Ligament, tendon, or cartilage injury
 - Joint injury or chronic pain
 - Back injury or chronic pain
 - Nerve entrapment (e.g. carpal tunnel syndrome)
 - Other
- Are you currently being treated for any of the above injuries? Please specify type of treatment.

- **Lifestyle**

- If currently employed, do you consider your job sedentary or active?
- Are you:
 - A weekend or vacation exerciser
 - Physically Generally sedentary
 - active once or twice a week
 - Physically active more often
- Do you currently have a regular exercise program? Please describe.

- **Training Interest and Goals**

- Please check any activities in which you are interested in participating.

- ◇ Weight Training
- ◇ Aerobics
- ◇ Rowing
- ◇ Stairmaster
- ◇ Running
- ◇ Stationary Bike
- ◇ Swimming
- ◇ Triathlons
- ◇ Walking
- ◇ Other

- How much time do you want to spend working out?
- Do you have any exercise equipment at home?
- Do you feel that there are any specific exercises that would not interest you or might cause you pain or discomfort?
- What goals do you have concerning your training and health?

